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28970 7	590 11/30/2004	SIPE		papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
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Customer No	TO TO TO THE PORT	PADEMARK		(Signature)			
		MADEN				(Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED I		NTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/630,856	10/630,856 07/31/2003		Dale W. Kohler		STX-012	9080	
TITLE OF INVENTION: L	ACROSSE HEAD HAVING	AN ARTICULATED	MEMBER				
		#700			\$1,000	·	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	P	UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	-\$685		\$300	\$985	02/28/2005	
EXAMINER		ART UNIT		LASS-SUBCLASS	ו		
CHAMBERS, MICHAEL S		3711		473-513000	J		
1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list							
CFR 1.363).		` <i>(</i> ((1) the names of up to 3 registered patent attorneys 1 Shaw Pittman LLP				
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			or agents OR, alternatively, (2) the name of a single firm (having as a member a 2				
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3				
3. ASSIGNEE NAME AND	RESIDENCE DATA TO E	E PRINTED ON THE	PATENT (print	or type)			
PLEASE NOTE: Unless recordation as set forth in	s an assignee is identified ben 37 CFR 3.11. Completion	elow, no assignee data of this form is NOT a st	will appear on ubstitute for filing	the patent. If an assign g an assignment.	nee is identified below, the d	locument has been filed for	
(A) NAME OF ASSIGNEE			02/28/2005 MBEYENE2 00000131 501390 10630856				
STX, LLC			01 FC:1504 300.00 0F Baltimore, Maryland 8001 30.00 DA 670.00 0F				
Please check the appropriate	e assignee category or catego	ries (will not be printed	on the patent):		orporation or other private gr	oup entity Government	
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Issue Fee			A check in the amount of the fee(s) is enclosed.				
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Advance Order - # or	f Copies	Dep	The Director is osit Account No	hereby authorized by comber 50-1390	harge the required fee(s), or (enclose an extra c	credit any overpayment, to copy of this form).	
5. Change in Entity Status	(from status indicated above				· · · · · · · · · · · · · · · · · · ·		
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Authorized Signature	twent	hu_		Date <u>F</u> e	bruary 24, 2	005	
Typed or printed name Steven P. Arnheim			Registration No. 43,475				
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